

PART B - FEE(S) TRANSMITTAL

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7590 09/06/2007

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12/04/2007 EAYALEW 00000058 07/1045 10774187

01 FC:1501 1440.00 DA
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Calista Woodring	(Depositor's name)
<i>Calista Woodring</i>	(Signature)
December 04, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/774,187	02/05/2004	Joe A. Wright	4688 (OSI0054/US/8)	7196

TITLE OF INVENTION: FLUORINATED POLYMER AND AMINE RESIN COMPOSITIONS AND PRODUCTS FORMED THEREFROM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/06/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHEN, VIVIAN	1773	428-458000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Kagan Binder PLLC

2 _____

3 _____

3. A SIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

I **PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OMNOVA Solutions Inc.

Fairlawn, Ohio (USA)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1045 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David G. Burleson

Date December 04, 2007

By fax or printed name David G. Burleson

Registration No. 38,090

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